



SAN DIEGO POLICE DEPARTMENT
PERMITS AND LICENSING
1400 'E' Street M.S. 735
San Diego, CA 92101

FIREARM DEALER PERMIT-RENEWAL

In order to renew your local regulatory permit please submit the following items:

- ☐ [Firearm Dealer Application](#) (see attached- [Employee Supplemental](#) and [Employee Supplemental 2](#))
- ☐ Regulatory Fee in the amount of \$660.00 made payable to the **City Treasurer**.
- ☐ Copy of valid Business Tax Certificate (619) 615-1500.
- ☐ Copy of valid State Certificate of Eligibility (916) 227-2334.
- ☐ Copy of California Department of Justice Centralized List.
- ☐ Copy of valid Federal Firearms License (619) 446-0740.
- ☐ Copy of your **current** lease/rental agreement from your landlord or property title.
- ☐ Copy of your **current** Articles of Incorporation and the most recent statement of information.
- ☐ Copy of valid State Secondhand Dealers/Pawnbroker License, if applicable. A secondhand dealers/pawnbroker license is required if you buy, sell, trade, or consign any secondhand guns (619) 531-2437.
- ☐ Copies of any special permits issued by the Department of Justice (916) 227-3694.

EMPLOYEES:

Each new employee who handles, delivers, sells, shows or displays firearms is required to submit LIVE SCAN Fingerprints. Secondhand Dealers/Pawnbrokers only - require two separate live scans, one set is for the Department of Justice for the State issued Secondhand Dealer License and the other set is for the San Diego Police Department. Fill out the attached "Request for Live Scan Service" form(s) and bring it with you to a Live Scan agency. **See Attached List** of locations for each agency. You will then need to forward a copy of the Request Form to SDPD along with your new application.

If your employee(s) have already submitted fingerprints to our office with your previous firearm dealer application the employee does not have to be re-fingerprinted. However, you still need to list your current employee's information on your application. SDMC 33.0304

Each *new employee* shall also provide the San Diego Police Department with a non-refundable Investigative Fee of \$104.00.

- No **OUT OF STATE CHECKS** will be accepted.
- A criminal record check will be made on each employee.
- There is a 30-day investigation period that starts at the time your application is submitted.

FIREARMS DEALER LICENSE APPLICATION

BUSINESS NAME: _____

New ☐
Renewal ☐

DATE

APPLICANT'S BUSINESS IS:

☐ INDIVIDUALLY OWNED ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER (Specify) _____

BUSINESS ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

BUSINESS PHONE

HOME PHONE

HOURS OF OPERATION

SUN

MON

TUE

WED

THUR

FRI

SAT

TIME

OPEN

CLOSED

EACH OWNER, CORPORATE OFFICER OR PARTNER IS DEEMED AN APPLICANT AND EACH MUST PROVIDE THE FOLLOWING INFORMATION. AN APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS. OWNER ☐ CO-OWNER ☐ TITLE _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME	(LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.
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NAME	(LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.
------	--------	---------	----------	--------------	------	-----	------------	--------

NAME	(LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.
------	--------	---------	----------	--------------	------	-----	------------	--------

APPLICANT'S FULL NAME	(LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH
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RESIDENCE ADDRESS	CITY & ZIP
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RESIDENCE PHONE	BUSINESS PHONE	SOCIAL SECURITY NUMBER
[]	[]	

MARITAL STATUS	ALIAS/MAIDEN NAME	SPOUSE'S NAME
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DRIVER'S LICENSE NUMBER	STATE	RACE	SEX	WEIGHT	HEIGHT	HAIR	EYES
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US. CITYZEN?	NATURALIZED?	IMMIGRATION/VISA #	DATE EXPIRED
[] YES [] NO	[] YES [] NO		

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT
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THIS FORM IS FOR INTERNAL USE ONLY.

PRIVATE AND CONFIDENTIAL

FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ **EMPLOYEE
SUPPLEMENTAL**

DATE

BUSINESS INFORMATION

NAME OF BUSINESS

LEGAL NAME (IF DIFFERENT)

BUSINESS ADDRESS

COMPANY EMPLOYEES

NAME (LAST) (FIRST) (MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE	DATE OF BIRTH MO DY YR	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	VISA # EXPIRATION
OTHER NAMES USED (Alias-Maiden):		BIRTHPLACE	

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

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RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE	DATE OF BIRTH MO DY YR	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	VISA # EXPIRATION
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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

Fingerprint records on all new employees?

YES ☐ NO ☐

Current list of employees submitted?

YES ☐ NO ☐

FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ **EMPLOYEE
SUPPLEMENTAL**

DATE

COMPANY EMPLOYEES

NAME (LAST) (FIRST) (MIDDLE)	SSN	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE	DATE OF BIRTH MO DY YR	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	VISA # EXPIRATION
OTHER NAMES USED (Alias-Maiden):		BIRTHPLACE	

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HOME PHONE	DATE OF BIRTH MO DY YR	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	VISA # EXPIRATION
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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

Fingerprint records on all new employees?

YES ☐

NO ☐

Current list of employees submitted?

YES ☐

NO ☐

APPLICATION CONT'D

COMPANY EMPLOYEES

NAME (LAST) (FIRST) (MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE OTHER NAMES USED (Alias-Maiden):	DATE OF BIRTH MO DY YR BIRTHPLACE:	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO VISA # EXPIRATION	

List all criminal convictions, except traffic convictions, include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 12034(a)

If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME (LAST) (FIRST) (MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE OTHER NAMES USED (Alias-Maiden):	DATE OF BIRTH MO DY YR BIRTHPLACE:	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO VISA # EXPIRATION	

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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

APPLICANTS: THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF A POLICE PERMIT. IF A PERMIT IS ISSUED, REPRESENTATIVES OF THE POLICE DEPARTMENT WILL HAVE ACCESS TO THE BUSINESS PREMISES DURING BUSINESS HOURS WHICH MAY INCLUDE ENTRY INTO THE NON-PUBLIC PORTION OF THE PREMISES.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION AND THAT I AM SUBJECT TO PROSECUTION PER 11.0401(B) OF THE SAN DIEGO MUNICIPAL CODE. I AM AWARE THAT ALL FEES ARE NON-REFUNDABLE.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO RENEW THE PERMIT NO LATER THAN 10 DAYS AFTER THE EXPIRATION DATE. FAILURE TO RENEW ON TIME WILL RESULT IN PENALTY FEES (\$25 PLUS 10% OF THE REGULATORY FEE). IF A RENEWAL IS NOT COMPLETED WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).

I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS. I AM AWARE THAT I AM RESPONSIBLE FOR SUBMITTING A SUPPLEMENTAL APPLICATION AND FINGERPRINT CARDS IMMEDIATELY UPON HIRING NEW EMPLOYEES.

APPROVED

Applicant's Signature	Date	DENIED	Reviewing Officer	Date
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Fingerprint records on all new employees?
Current list of employees submitted?

Yes ☐ No ☐
Yes ☐ No ☐

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) **Appointments Only**
M - F (1pm-4pm) **Appointments Only**
www.chulavistapd.org

LA JOLLA

UCSD Police Department
9500 Gilman Dr #0017
La Jolla, CA 92093
(858) 534-4361 **Appointments Only**
M - F 9am-3pm

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg
4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**
(619) 725-7014 (Information)
T - F (8:30am-1pm) **Walk In**
T - F (2pm-4pm) **Appointments Only**
Not open to general public on Monday's
Closed School Holidays

SAN DIEGO - LSID X54/ML1

San Diego Community College Police
1536 Frazee Road, 1st Floor
San Diego, CA 92108
Contact: (619) 388-6416
M-Th (7:30am-5pm) **Wlk**
F (7:30am-12 noon) **Wlk**
E-mail address: dpicou@sdcc.edu

ESCONDIDO

Escondido Police Department
700 W Grand Ave
Escondido, CA 92025
Contact: (760) 839-4431
M - F (9:00am-3:30pm) **Appointments Only**

LA MESA

La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) **Appointments/Walk In**
Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO

San Diego State University
5500 Campanile Dr
SSE-1410
San Diego, CA 92182
(619) 594-3193
M - F (8am-4pm) **Appointments Only**

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: CA 0371100 Type of Application: Gun Dealer
Code assigned by DOJJob Title or Type of License, Certification or Permit: Firearm Dealer

Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P. O. Box 121431 MS 735

Street No. Street or PO Box

PCCO for Firearm Industry

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431

City

State

Zip Code

(619) 531-2250

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: _____

Date of Birth: _____ Sex: ☐ Male ☐ FemaleMisc. No. BIL - Applicant to Pay
Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

Eye Color: _____ Hair Color: _____

Home Address:

Street No.

Street or PO Box

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ☒ FBIIf resubmission, list Original ATI
Number: _____

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed